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CONFIRMATION NO. 4369

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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/JP04/01775 02/18/2004 <sup>OK</sup> <sup>US</sup>

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

JAPAN 2003-040850 02/19/2003 <sup>OK</sup>  
JAPAN 2003-346718 10/06/2003 <sup>US</sup>

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

05/12/2006

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 6	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Laura Schell</i> Examiner's Signature Initials <sup>US</sup>				

## ADDRESS

513

## TITLE

Two-chamber-type pre-filled syringe

<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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